

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1562

1. PLACE OF DEATH- COUNTY <u>Holbrook</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>MD</u> COUNTY <u>Holbrook</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Southville</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Southville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>Thomas</u> (Middle) <u>W</u> (Last) <u>ANDERSON</u>		4. DATE OF DEATH (Month) <u>Feb</u> (Day) <u>8</u> (Year) <u>1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan 6, 1907</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>truck driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>on milk bot</u>	9. AGE last birthday <u>43</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Walden MD</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Garret Anderson</u>		14. MOTHER'S MAIDEN NAME <u>William Mason</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>Erene Anderson Southville MD</u>			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH <u>3/4 hour</u> <u>Unknown</u> <u>"</u>
Immediate cause (a) <u>Myocardial Infarction</u>		
Antecedent cause(s) (b) <u>Arteriosclerotic Heart Disease</u>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Sclerosis of coronary arteries</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 15, 1950, to Feb 8, 1951, that I last saw the deceased alive on Feb 6, 1951, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE <u>P. James Thomson Jr. M.D.</u>	(Degree or title)	ADDRESS <u>Janthville, MD</u>	DATE SIGNED <u>Feb 9, 51</u>
23. BURIAL, CREMATION REMOVAL (Specify)	DATE <u>Feb 4, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Centra</u>	LOCATION (City, town, or county) (State) <u>New York</u> <u>PA</u>
DATE REC'D BY LOCAL REG. <u>2/9/51</u>	REGISTRAR'S SIGNATURE <u>Priscilla Toward</u>	24. FUNERAL DIRECTOR <u>Wm. J. Brown</u>	ADDRESS <u>200 E. Main St. PA</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

683 637



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1563 185-

1. PLACE OF DEATH- COUNTY <u>Harford</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Harford</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Havre De Grace</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Havre De Grace</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <u>850 Juniata St.</u>	
3. NAME OF DECEASED (Type or Print) <u>John</u> (First) <u>H.</u> (Middle) <u>Bell</u> (Last)		4. DATE (Month) (Day) (Year) OF DEATH <u>Feb. 19, 1951</u> 19	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>7-7-1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fireman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stationary Boiler</u>	11. BIRTHPLACE (State or foreign country) <u>Delaware</u>
13. FATHER'S NAME <u>Charles Bell</u>		14. MOTHER'S MAIDEN NAME <u>Anne Baker</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If year, give war or dates of service)		16. SOCIAL SECURITY NO. <u>217-07-5013</u>	
		17. INFORMANT AND ADDRESS <u>Edith T. Wardell, Perryville, Md.</u>	

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Acute dilation of heart</u>			<u>6</u>
Antecedent cause(s) (b) <u>434.1</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>95c</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Feb. 1</u> , 1951, to <u>Feb. 19</u> , 1951, that I last saw the deceased alive on <u>Feb. 12</u> , 1951, and that death occurred at <u>7:40</u> m., from the causes and on the date stated above.			
SIGNATURE <u>J. F. Magraw</u>		ADDRESS <u>Perryville Md</u>	
DATE <u>2-21-1951</u>		DATE SIGNED <u>2/19/51</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>2-21-1951</u>	NAME OF CEMETERY OR CREMATORY <u>Angel Hill</u>	LOCATION (City, town, or county) <u>Havre De Grace, Md.</u>
DATE REC'D BY LOCAL REG. <u>Feb. 20-1951</u>	REGISTRAR'S SIGNATURE <u>A. L. Lewis M. D.</u>	24. FUNERAL DIRECTOR <u>V. A. Patterson & Son</u> <u>Perryville, Md.</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

680346



MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

1564

Reg. Dist. No.

1. PLACE OF DEATH COUNTY <u>Harford</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MD.</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Joppa</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Baltimore</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <u>6. N. Maclera St</u> ✓	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) <u>Albert</u> (Middle) <u>Boyd</u> (Last)		(Month) <u>February</u> (Day) <u>24</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>M.</u>	8. DATE OF BIRTH <u>Mar-17-1882</u>
9. AGE last birthday <u>68</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>MD</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Stationary Engineer Langrell Spelling Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>MD</u>	
13. FATHER'S NAME <u>Unknown</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY No. <u>---</u>	
17. INFORMANT <u>Mrs. Catherine Niedzwick 210 N. Castle St</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
(a) <u>Fracture skull</u>		<u>none</u>
(b) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
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21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) INJURY <u>Asp 40</u>	(CITY OR TOWN) <u>Joppa</u> (COUNTY) <u>Harford</u> (STATE) <u>MD</u>
TIME (Month) (Day) (Year) (Hour) (Minute) INJURY <u>Feb 24 1951 9 PM</u>	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? <u>Auto accident Auto Pedestrian type</u>

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE <u>Gerald C Palmer MD Deputy Medical Examiner Harford Co. Belts in MD</u>	DATE SIGNED <u>2/25/51</u>
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>2/28/51</u>
NAME OF CEMETERY OR CREMATORY <u>St Stanislaus</u>	LOCATION (City, town, or county) (State) <u>Balti MD</u>

DATE REC'D BY LOCAL REG. <u>2/26/51</u>	REGISTRAR'S SIGNATURE <u>J.W. Hedrick</u>	24. FUNERAL DIRECTOR <u>Wm C. G. Gno 1217 20th Ave SE</u>	ADDRESS <u>583408</u>
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1565

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH COUNTY <u>Harford</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Edgewood</u> TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		MARYLAND LENGTH OF STAY (in this place) <u>32 yrs</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Harford</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Edgewood</u> TOWN STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Floyd</u> (First) <u>M.</u> (Middle) <u>Brown</u> (Last)		4. DATE OF DEATH <u>Feb.</u> (Month) <u>15</u> (Day) <u>1951</u> (Year)			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 4 1894</u>	9. AGE last birthday <u>57</u> yrs.	If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Munition Handler, Retail</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Govt.</u>		11. BIRTHPLACE (State or foreign country) <u>Louisiana</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13. FATHER'S NAME <u>Fletcher M. Brown</u>		14. MOTHER'S MAIDEN NAME <u>Georgia Reiley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If year, give war or dates of service) <u>WW I</u>		16. SOCIAL SECURITY No.		17. INFORMANT AND ADDRESS <u>Mrs Audrey Brown, Edgewood Md.</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Cornary Occlusion</u>		<u>3 days</u>
Antecedent cause(s) (b) <u>Cornary disease & Hypertension</u>		<u>5 yrs</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) <u>SUICIDE</u> HOMICIDE TIME (Month) (Day) (Year) (Hour) OF INJURY <u>m.</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u> INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	(CITY OR TOWN) (COUNTY) (STATE)
HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 12-6, 1949, to 2-15, 1951, that I last saw the deceased alive on 2-15, 1951, and that death occurred at 3 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>Feb 19, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Edgewood Md</u>	LOCATION (City, town, or county) (State) <u>Abingdon, Harford Co. Md</u>
DATE REC'D BY LOCAL REG. <u>Feb 19 1951</u>	REGISTRAR'S SIGNATURE <u>mae m monedale</u>	24. FUNERAL DIRECTOR <u>Herard M. McColman & Son</u>	ADDRESS <u>Abingdon Maryland</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

1566

Reg. Dist. No. 188

1. PLACE OF DEATH COUNTY <u>HARFORD</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Harre de Grace</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Baltimore</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>HARFORD Memor. Hospital</u>		STREET ADDRESS (If rural give location) <u>1601 Spray Ct. #17</u>	
3. NAME OF DECEASED (Type or Print) <u>Florence L. Chambers</u>		4. DATE OF DEATH (Month) <u>February</u> (Day) <u>17</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>9-19-98</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Private Family</u>	9. AGE last birthday <u>52</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>Reading, Pa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>William Moore</u>		14. MOTHER'S MAIDEN NAME <u>Louise Thomas</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>Thomas Chambers -</u>	
17. INFORMANT <u>Thomas Chambers -</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

812.5 Immediate cause
 Antecedent cause(s)
 Diseases or conditions, if any,
 giving rise to the above cause
 stating the underlying cause last

(a) Fracture R femur
 (b) Fracture both bones R leg, compound

INTERVAL BETWEEN ONSET AND DEATH

24 hrs

24 hrs

II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) <u>Nr. Aberdeen</u>	(COUNTY) <u>Harford</u>	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>Feb 16, 1951</u> m.	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? <u>Waiting for bus + hit by auto</u>		

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Gerold C Palmer M.D. Deputy Medical Examiner Harford Co. Bel Air Md 2/17/51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>2/21/51</u>	NAME OF CEMETERY OR CREMATORY <u>St. Auburn</u>	LOCATION (City, town, or county) (State) <u>Balto., Md.</u>
DATE REC'D BY LOCAL REG. <u>2/17/51</u>	REGISTRAR'S SIGNATURE <u>L</u>	24. FUNERAL DIRECTOR <u>Charles R. Law - 802 Madison Ave.</u>	ADDRESS <u>720 826</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

Evidence for change
in #8 shown on:

2411 N. Charles Street, Baltimore

1567

CERTIFICATE OF DEATH

Reg. Dist. No. 183-

FUM No. G 150 FEB 9 1951

1. PLACE OF DEATH- COUNTY <u>Harford</u> <u>Maryland</u> <u>MARYLAND</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> <u>Harford</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>TOWN Havre de Grace</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>TOWN Havre de Grace</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>St. Francis Villa</u>		STREET ADDRESS (If rural, give location) <u>Commerce & Market</u>	
3. NAME OF DECEASED (Type or Print) <u>Sister Mary Conrada</u> (First) (Middle) (Last)		4. DATE OF DEATH <u>2/2/51</u> (Month) (Day) (Year)	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>3/13/1886</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10h. KIND OF BUSINESS OR INDUSTRY <u>Catholic Home</u>	9. AGE last birthday <u>82</u> yrs. <u>10</u> Months <u>14</u> Days <u>19</u> Hours <u>19</u> Mins.
13. FATHER'S NAME <u>Moses Ladouceir</u>		14. MOTHER'S MAIDEN NAME <u>Henrietta ? Ladouceir</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If year, give war or dates of service)		17. INFORMANT AND ADDRESS <u>Hosp. Records, Havre de Grace, Md.</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Arterio Sclerosis</u>		
422.1 Antecedent cause(s) (b) <u>Cardio Vascular Disease</u>		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Cachexia</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION		19h. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Apr 1950, 1950 to Feb 2 1951, that I last saw the deceased alive on 2/2, 1951, and that death occurred at 3:30 PM, from the causes and on the date stated above.

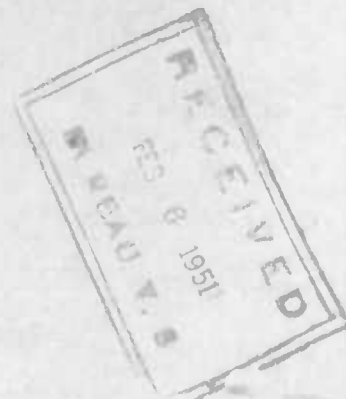
SIGNATURE <u>Charles J. Feltz MD</u> (Degree or title)		ADDRESS <u>410 O. N. W. Ave</u>		DATE SIGNED <u>2/4/51</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE <u>2/5/51</u>		NAME OF CEMETERY OR CREMATORY <u>Holy Redeemer</u>	
LOCATION (City, town, or county) <u>Balto. Md.</u>		24. FUNERAL DIRECTOR <u>Edgington & Son</u>		ADDRESS <u>Havre de Grace, Md.</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 4-1951</u>		REGISTRAR'S SIGNATURE <u>W. A. Lewis Jr. D.</u>			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

764 896



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1568 180

1. PLACE OF DEATH COUNTY <u>Harford</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Harford</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Edgewood</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Edgewood</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Emma</u>	(Middle) <u>U.</u>	(Last) <u>Coulter</u>
4. DATE OF DEATH	(Month) <u>Feb</u>	(Day) <u>27</u>	(Year) <u>1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 22, 1870</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	9. AGE last birthday <u>81</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>Baltimore Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Edward Bunce</u>		14. MOTHER'S MAIDEN NAME <u>Hester Kettler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Morris H. Coulter, Edgewood Md</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) <u>Cerebral hemorrhage.</u>	<u>4 days</u>
Antecedent cause(s)	(b) <u>hypertensive arterial sclerotic heart disease</u>	<u>10 yrs</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
(c) <u>Diabetes mellitus</u>		<u>10 yrs</u>

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) <u>Slip</u>	PLACE (Home, farm, factory, street, OF office bldg, etc.) <u>home</u>	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE <u>Fractured hip</u>	INJURY <u>none</u>	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>Dec 16 1950 7 m.</u>	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? <u>Fell while walking in home</u>

22. I hereby certify that I attended the deceased from Dec, 1951, to Feb 27, 1951, that I last saw the deceased alive on Feb 27, 1951, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>Mar. 2, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Catharbury</u>	LOCATION (City, town, or county) <u>Abingdon, Harford Md</u>	(State) <u>Md</u>
DATE REC'D BY LOCAL REG. <u>Mar 2, 1951</u>	REGISTRAR'S SIGNATURE <u>Maurice M. Monksdale</u>	24. FUNERAL DIRECTOR <u>Edward R. McCombs</u>	ADDRESS <u>Abingdon Md</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED

MAR 5 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH- COUNTY <u>Harford</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Md</u> COUNTY <u>Harford</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Bagley</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Bagley</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Dora</u> (Middle)	(Last) <u>CURTISS</u>	4. DATE OF DEATH (Month) <u>Feb</u> (Day) <u>4</u> (Year) <u>1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>single</u>	8. DATE OF BIRTH <u>Sept 5, 1865</u>
9. AGE last birthday <u>85</u> yrs.		10. If under 1 year: Months <u>4</u> Days <u>29</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher (retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Kindergarten</u>	
11. BIRTHPLACE (State or foreign country) <u>Bagley, Harford Co. Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>George G. Curtiss</u>		14. MOTHER'S MAIDEN NAME <u>Mary Eleanor Lewis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS <u>Miss Ethel Curtiss, Fallston, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Lobar Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

24 hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chr. Hypertensive Cardio-Vascular Disease ?

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 2, 1950, to Feb 4, 1951, that I last saw the deceasedalive on Feb 4, 1951, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Woodard P. Hudson, M.D.Forest Hill, Md.2-6-51

23. BURIAL CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

2/6/51Priscilla FoxwoodMartin G. Kurtz, Jarroville, Md.

093888

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

1570

Reg. Dist. No. **185**

1. PLACE OF DEATH- COUNTY <u>Harford</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Harford</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Harford</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Aberdeen</u>	
TOWN <u>Harford</u>		TOWN <u>Aberdeen</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Harford Memorial Hopt.</u>		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Benjamin</u> (Middle) <u>Webster</u> (Last) <u>Dillon</u>	4. DATE OF DEATH	(Month) <u>February</u> (Day) <u>25</u> (Year) <u>1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 5th 1879</u> 71 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>on farm</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13. FATHER'S NAME <u>Jacob J. Dallam</u>		14. MOTHER'S MAIDEN NAME <u>Harriet Tanson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>—</u>	
17. INFORMANT <u>Mrs. Mabel Dallam</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

903.0

Immediate cause

(a)

Fracture Right femur

INTERVAL BETWEEN ONSET AND DEATH

16 days

186a

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY Home

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY Feb. 9, 1951 6 P.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR?

Fell in back yard + broke hip

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Lerald C Palmer MD Deputy Medical Examiner Harford Co. Bel Air Md 2/25/51

23. BURIAL, CREMATION OR REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

FEB. 27, 1951 A. L. Lewis M.D.

Henry Tarring and Sons Aberdeen

970116 Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH- COUNTY <u>Harford</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Harford</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Street</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Street, Rural</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Rural</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>RUTH</u>	(Middle) <u>H.</u>	(Last) <u>Dick</u>
4. DATE OF DEATH	(Month) <u>Feb.</u>	(Day) <u>25</u>	(Year) <u>1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>widow</u>	8. DATE OF BIRTH <u>May 8-1872</u>
9. AGE last birthday <u>78</u> yrs.		10. If under 1 year: Months <u>25</u> Days <u>25</u> Hours <u>25</u> Mln. <u>25</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>York Co. Pa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John Moore</u>		14. MOTHER'S MAIDEN NAME <u>Mary Somers</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS <u>William L. Dick, Cardiff, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442x Immediate cause (a) <u>Renal failure & uremic poisoning</u>	INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
131a Antecedent cause(s) (b) <u>Hypertensive cardio-renal disease</u>	<u>5 years</u>
(c) <u>None</u>	

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

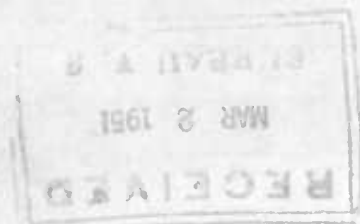
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1949, to Feb. 25, 1951, that I last saw the deceased alive on Feb. 25, 1951, and that death occurred at 11:00 A.m., from the causes and on the date stated above.

SIGNATURE <u>Charles E. Hoff</u>	(Degree or title) <u>M.D.</u>	ADDRESS <u>Street Md</u>	DATE SIGNED <u>Feb. 25, 1951</u>
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>February 28, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Highland Cem.</u>	LOCATION (City, town, or county) (State) <u>Street, Md.</u>
DATE REC'D BY LOCAL REG. <u>2/27/51</u>	REGISTRAR'S SIGNATURE <u>P. McCalla</u>	24. FUNERAL DIRECTOR <u>Hubert P. Hardin</u>	ADDRESS <u>Delta, Pa.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 18.1

1. PLACE OF DEATH- COUNTY <u>HARFORD COUNTY</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>MARYLAND</u> COUNTY <u>HARFORD</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>ABERDEEN PROVING GROUND</u> LENGTH OF STAY (in this place) <u>4 DAYS</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>HAVRE DE GRACE</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>U.S. ARMY HOSPITAL</u>		STREET ADDRESS (If rural, give location) <u>813 GILE STREET</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>JAMES</u>	(Middle) <u>PAUL</u>	(Last) <u>DODSON</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>16 March 1915</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MASTER SERGEANT U.S. ARMY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SCHOOL TEACHER</u>	9. AGE last birthday <u>35 yrs.</u>
11. BIRTHPLACE (State or foreign country) <u>KENTUCKY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>William Marvin Dodson</u>		14. MOTHER'S MAIDEN NAME <u>Lela Gibson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY No. <u>1941-1946</u> <u>1950-1951</u>	
17. INFORMANT AND ADDRESS <u>Harvey Dodson (Wife) 813 Gile St. Havre de Grace, Md.</u>			

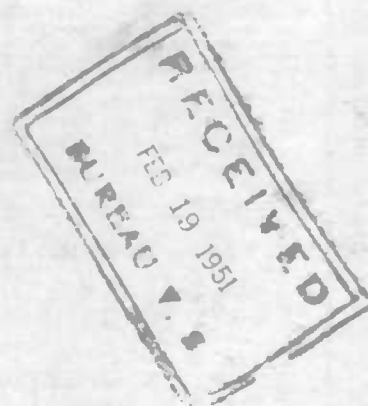
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
204.2 Immediate cause (a) <u>CEREBRAL HEMORRHAGE</u>			<u>1 DAY</u>
Antecedent cause(s) (b) <u>LEUCEMIA, ACUTE (MONOCYTIC)</u>			<u>1 MONTH</u>
74a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
<u>NONE</u>		<u>NONE</u>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE <u>NONE</u>		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY <u>NONE</u>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>NONE</u>		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> <u>NONE</u>	HOW DID INJURY OCCUR? <u>NONE</u>

22. I hereby certify that I attended the deceased from 5 FEB, 1951, to 9 FEB, 1951, that I last saw the deceased alive on 9 FEB, 1951, and that death occurred at 12:45 Am., from the causes and on the date stated above.

SIGNATURE <u>Alan S. Zisman</u>		ADDRESS <u>USA RMY HOSPITAL</u>		DATE SIGNED <u>9 FEB. 1951</u>
DEGREE OR TITLE <u>LT (jg) (MC) USNR</u>		LOCATION (City, town, or county) <u>ABERDEEN PROVING GROUND MARYLAND</u>		(State)
23. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>	DATE <u>Feb 10, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>T.V. Grove & Son</u>	LOCATION (City, town, or county) <u>Scottsville Ky.</u>	(State)
DATE REC'D BY LOCAL REG. <u>15-57</u>	REGISTRAR'S SIGNATURE <u>William R. Riley</u>	24. FUNERAL DIRECTOR <u>Howard R. McCombs</u>		ADDRESS <u>Aberdeen Maryland 59596</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH COUNTY <u>Narford</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Narford de Grace</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Baltimore</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Narford Memorial Hosp.</u>		STREET ADDRESS <u>1811 Ridgely Road</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Charles</u> (Middle) <u>James</u> (Last) <u>Donohue</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>February 22 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12-27-1889</u>
9. AGE last birthday <u>61</u> yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction Co.</u>	
11. BIRTHPLACE (State or foreign country) <u>Ireland</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Patrick Donohue</u>		14. MOTHER'S MAIDEN NAME <u>Mary Snainor</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS <u>Mrs. Mary E. Donohue 3522 Lyndale Av</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42.1 Immediate cause

(a) Coronary thrombosis

93d Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Myocardial infarction(c) Myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

10 days10 minutes

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Arteriosclerosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-13, 1951, to 2-22, 1951, that I last saw the deceasedalive on 2-21, 1951, and that death occurred at 8:50 am, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Burial2-26-1951New CathedralBaltimore Md.2-23-51CJohn A. Moran3000 E. Baltimore St

574246

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1574 181

1. PLACE OF DEATH COUNTY <u>Harford</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Harford</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Aberdeen</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Aberdeen</u>	
TOWN <u>Aberdeen</u>		TOWN <u>Aberdeen</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <u>20 Mount Royal Ave.</u>	
3. NAME OF DECEASED (First) <u>17.</u> (Middle) <u>Mary</u> (Last) <u>Gilbert</u>		4. DATE OF DEATH (Month) <u>Feb</u> (Day) <u>15th</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 7th 1877</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	9. AGE last birthday <u>73</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Christian Shantz</u>		14. MOTHER'S MAIDEN NAME <u>Lena Kuller</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>7</u>	
17. INFORMANT AND ADDRESS <u>Wilton Gilbert, Market Street.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Carcinoma, Stomach with metastasis

Antecedent cause(s)

(b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

INTERVAL BETWEEN ONSET AND DEATH

2 YEARS

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Feb 1, 1951, to Feb 15, 1951, that I last saw the deceased

alive on Feb 14, 1951, and that death occurred at 5:00 P.m., from the causes and on the date stated above.

SIGNATURE Brown McDonald, M.D. (Degree or title) Aberdeen, Md. (City, town, or county) (State) 2-16-51 (DATE SIGNED)

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>Feb 18th 1951</u>	<u>Bakers Cemetery</u>	<u>Aberdeen, Harford Co. Md.</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>Feb 18, 1951</u>	<u>Thelma Z. Riley</u>	<u>Henry Perry and Sons, Aberdeen</u>	<u>Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 21 1951
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1575

Reg. Dist. No. 81

1. PLACE OF DEATH COUNTY <u>Harford County</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>md.</u> COUNTY <u>Harford</u>	
CITY (If outside corporate limits, write RURAL, and give nearest town) <u>Rural Aberdeen</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Aberdeen, B. D., md.</u>	
TOWN <u>Aberdeen</u> LENGTH OF STAY (in this place) <u>1 yr</u>		TOWN <u>Aberdeen</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Aberdeen B. D., md.</u>		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (First) <u>Clara</u> (Middle) <u>Broadbent</u> (Last) <u>Hilbert</u>	4. DATE OF DEATH (Month) <u>Feb.</u> (Day) <u>7</u> (Year) <u>1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 25, 1862</u>
9. AGE last birthday <u>88</u> yrs.		If under 1 year If under 24 hrs. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Household duties</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (State or foreign country) <u>Harford County, md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13. FATHER'S NAME <u>John Adams</u>		14. MOTHER'S MAIDEN NAME <u>Woodhouse</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If year, give war or dates of service)		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT <u>Frederick Hilbert</u>			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Pulmonary Edema</u>			<u>1 day</u>
447 Antecedent cause(s) (b) <u>Myocardial Failure</u>			<u>1 week</u>
99 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Hypertension & Senility</u>			<u>10 years</u>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>			<u>20 years</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

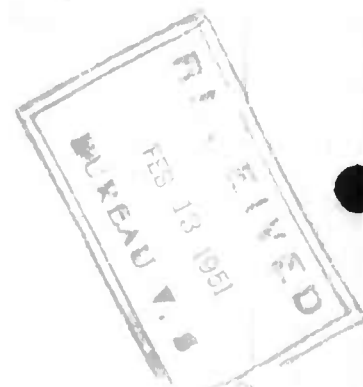
22. I hereby certify that I attended the deceased from June, 1950, to Feb 7, 1951, that I last saw the deceased alive on Feb 7, 1951, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

SIGNATURE Dr. Walshed (Degree or title) M.D. ADDRESS Home de France DATE SIGNED Feb 7, 1951

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>Feb 11 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Angel Hill</u>	LOCATION (City, town, or county) <u>Harford de Grace</u> (State) <u>md.</u>
DATE REC'D BY LOCAL REG. <u>Feb 9-51</u>	REGISTRAR'S SIGNATURE <u>Willie H. Wiley</u>	24. FUNERAL DIRECTOR <u>H. Madison Mitchell</u>	ADDRESS <u>Harford de Grace, Md.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH - COUNTY <u>Harford</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>Maryland</u> COUNTY <u>Harford</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Charlton</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>Marie</u> (Middle) <u>White</u> (Last) <u>Gittings</u>		4. DATE OF DEATH (Month) <u>Feb</u> (Day) <u>5</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 2 1898</u>
9. AGE last birthday <u>52</u> yrs.		10. If under 1 year: Months <u>5</u> Days <u>2</u> Hours <u>19</u> Min. <u>51</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Harford Co., Md.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>Elijah White</u>		14. MOTHER'S MAIDEN NAME <u>Hannah Harris</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>213-20-1649</u>	
17. INFORMANT AND ADDRESS <u>Hester Gittings</u>		18. MEDICAL CERTIFICATION	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

175x Antecedent cause(s)

49a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(a) Papillary Cyst Adeno Carcinoma of the Ovaries & Metastases to Intestines
 (b) and liver.
 (c) and liver.

INTERVAL BETWEEN ONSET AND DEATH

2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION <u>9/7/50</u>		19b. MAJOR FINDINGS OF OPERATION <u>papillary Cyst adenocarcinoma of Ovaries</u>		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		PLACE (Home, farm, factory, street, office bldg., etc.) <u>At home</u>		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from July 15, 1950, to 2/5, 1951, that I last saw the deceased alive on 2/3, 1951, and that death occurred at 7:30 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

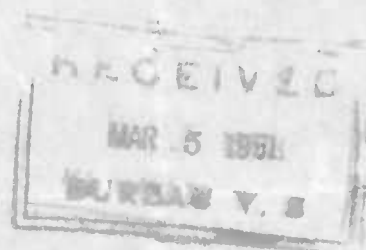
DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>Feb. 10, 1951</u>		NAME OF CEMETERY OR CREMATOR <u>Charles Chapel</u>		LOCATION (City, town, or county) (State) <u>Harford Co., Md.</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 8, 1951</u>		REGISTRAR'S SIGNATURE <u>C. H. Kirk</u>		24. FUNERAL DIRECTOR <u>H. S. Bailey</u>		ADDRESS <u>Harlington, Md.</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1577 181

1. PLACE OF DEATH COUNTY <u>Harford</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>md.</u> COUNTY <u>Harford</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural - Havre de Grace</u> LENGTH OF STAY (in this place) <u>2 yrs</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural - Havre de Grace</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Webster Village</u>		STREET ADDRESS (If rural, give location) <u>Webster Village</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>William R.</u> (Middle) <u>S.</u> (Last) <u>Gwynne</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 27</u> 19 <u>51</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Apr. 1, 1896</u>
9. AGE last birthday <u>54</u> yrs.		10. If under 1 year Months <u>—</u> Days <u>—</u> Hours <u>—</u> Min. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Contractor & Builder</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Building Homes</u>	
11. BIRTHPLACE (State or foreign country) <u>Phila. Pa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>William Gwynne</u>		14. MOTHER'S MAIDEN NAME <u>Lucinda Crosby</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If year, give war or dates of service) <u>World War I</u>		16. SOCIAL SECURITY No. <u>—</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Helen F. Gwynne</u>		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) <u>Coronary Occlusion with myocardial infarction</u>		<u>1 hour.</u>	
420.0 Antecedent cause(s) (b) <u>Arteriosclerotic heart disease</u>		<u>4 months</u>	
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Chronic Bronchitis</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)			
HOMICIDE			
TIME (Month) (Day) (Year) (Hour) OF INJURY m.		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2/26</u> , 19 <u>51</u> , to <u>2/27</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2/26</u> , 19 <u>51</u> , and that death occurred at <u>3:30</u> Am., from the causes and on the date stated above.			
SIGNATURE <u>Arvin L. Williamson M.D.</u>		DATE SIGNED <u>2/28/51</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u> DATE <u>March 1, 1951</u>		NAME OF CEMETERY OR CREMATORY <u>Arlington National</u>	
LOCATION (City, town, or county) <u>Fort Myers</u>		(State) <u>Ta.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 28 51</u>		REGISTRAR'S SIGNATURE <u>Burtha B. Knight</u>	
24. FUNERAL DIRECTOR <u>H. Madison Mitchell</u>		ADDRESS <u>Havre de Grace</u>	

290-46 md.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 5 1958
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1578 182

1. PLACE OF DEATH COUNTY <u>Harford</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>md</u> COUNTY <u>Harford</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Federal Hill (Rural)</u> LENGTH OF STAY (in this place) <u>7 mo</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Federal Hill (Rural)</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>Denver</u> (Middle) <u>Clyde</u> (Last) <u>Hamons</u>		4. DATE OF DEATH (Month) <u>Feb</u> (Day) <u>24</u> (Year) <u>1957</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>March 16-50</u>
9. AGE last birthday <u>0</u> yrs. <u>11</u> months <u>8</u> days		10. CITIZEN OF WHAT COUNTRY?	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Forest Hill md</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Ancil Hamons</u>		14. MOTHER'S MAIDEN NAME <u>Ethel Rachael Cutlip</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>—</u>	
17. INFORMANT AND ADDRESS <u>Ancil Hamons Forest Hill md</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Bronchial Pneumonia -

INTERVAL BETWEEN ONSET AND DEATH

3 weeks

Antecedent cause(s)

(b)

Maldevelopment - Etiology

since birth

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

unknown

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/23/, 1951, to 2/24/, 1951, that I last saw the deceased alive on 2/23/, 1951, and that death occurred at 3:30 A. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION

REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1041607406

pu 2.5

RECEIVED
MAR 1 1951
BUREAU V. P.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1579
Reg. Dist. No. 182

1. PLACE OF DEATH COUNTY <u>Harford</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Harford</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Beltier Rural</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Aberdeen</u>	
TOWN <u>Beltier Rural</u>		TOWN <u>Aberdeen</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Harford County Home</u>		STREET ADDRESS (If rural, give location) <u>Edmund St. extended</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>ROBT</u> (Middle) <u>B</u> (Last) <u>HOLLAND</u>		4. DATE OF DEATH (Month) <u>Feb</u> (Day) <u>12</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 3rd 1880</u>
9. AGE last birthday <u>70??</u> yrs.		10. KIND OF BUSINESS OR INDUSTRY <u>On Farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Tildon</u>		14. MOTHER'S MAIDEN NAME <u>Sara Holland</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>—</u>	
17. INFORMANT AND ADDRESS <u>Hester Holland</u>			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>48 hr</u>
Immediate cause	(a) <u>Septicemia Complicating gangrene of left foot</u>	
Antecedent cause(s)	(b) <u>Peripheral Vascular Disease</u>	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN) (COUNTY) (STATE)	
SUICIDE		INJURY			
HOMICIDE					
TIME (Month) (Day) (Year) (Hour)		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
OF INJURY					

22. I hereby certify that I attended the deceased from Feb 11, 1951, to Feb 12, 1951, that I last saw the deceased alive on Feb 12, 1951, and that death occurred at 7:00 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Willard P. Hudson M.D. ADDRESS Forest Hill Md DATE SIGNED 2/12/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>Feb. 16th 1951</u>	<u>Union M. E. Cemetery</u>	<u>Aberdeen, Harford Co. Md.</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>2/15/51</u>	<u>Patella Lowwood</u>	<u>Henry Tarring and Sons</u>	<u>Aberdeen</u>	

970216 md.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH: COUNTY <u>HARFORD</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>MARYLAND</u> COUNTY <u>HARFORD</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Harford de Grace</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Aberdeen</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Harford Memorial Hospital</u>		STREET ADDRESS (If rural, give location) <u>3 Park St</u>	
3. NAME OF DECEASED (Type or Print) <u>MARY Elizabeth Johnson</u>		4. DATE OF DEATH (Month) <u>2</u> (Day) <u>28</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-2-69</u>
9. AGE last birthday <u>82</u> yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House W. F.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House</u>	
11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. FATHER'S NAME <u>John Skinner</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY No. <u>—</u>	
17. INFORMANT AND ADDRESS <u>Wilton O'Neill Johnson</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334x Immediate cause

(a) APOPLEXY

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) HYPERTENSION

(c)

INTERVAL BETWEEN ONSET AND DEATH

2 days6 YEARS

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

CEREBRAL CONCUSSION, LACERATION OF SCALP 2 days

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>2-26-51</u> m.		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR? <u>Caused by falling down steps</u>	

22. I hereby certify that I attended the deceased from APRIL 13, 1948, to Feb. 28, 1951, that I last saw the deceasedalive on Feb. 27, 1951, and that death occurred at 6:52 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>Mar 3rd 1951</u>		NAME OF CEMETERY OR CREMATORY <u>Oak Lawn Cemetery</u>		LOCATION (City, town, or county) (State) <u>Baltimore Maryland</u>	
DATE REC'D BY LOCAL REG <u>March 1-1951</u>		REGISTRAR'S SIGNATURE <u>G. L. Lewis Jr.</u>		24. FUNERAL DIRECTOR <u>Henry Tarrington</u>		ADDRESS <u>W. L. Lewis Jr. St. Henry Tarrington</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH - COUNTY <u>Harford</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>Maryland</u> COUNTY <u>Harford</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Bel-air Rural</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Bel-air Rural</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Roger</u>	(Middle) <u>Lee</u>	(Last) <u>King</u> Twin #2
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Feb. 11, 1951</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	9. AGE last birthday <u>19</u> yrs. If under 1 year Months <u>14</u> If under 24 hrs. Hours <u>14</u> Min. <u>19</u>
11. BIRTHPLACE (State or foreign country) <u>Harford Co., Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Marvin King</u>		14. MOTHER'S MAIDEN NAME <u>Gelma Harrell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT AND ADDRESS <u>Marvin King</u>		18. MEDICAL CERTIFICATION <u>Bel-air, Md</u>	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
7630 Immediate cause (a) <u>Broncho-pneumonia</u>			<u>2 1/2 da</u>
107 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) <u>Upper Respiratory Infection</u>			—
(c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Feb. 24</u> , 19 <u>51</u> , to <u>Feb. 25</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Feb. 25</u> , 19 <u>51</u> , and that death occurred at <u>5:30 a.m.</u> , from the causes and on the date stated above.			
SIGNATURE <u>Wesland P. Hudson M.D.</u>		DATE/SIGNED <u>2/25/51</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>Feb. 26, 1951</u>	
NAME OF CEMETERY OR CREMATORY <u>Bel-air Memorial Park</u>		LOCATION (City, town, or county) <u>Harford Co., Md.</u>	
DATE REC'D BY LOCAL REG. <u>2/26/51</u>		REGISTERAR'S SIGNATURE <u>Priscilla Inwood</u>	
24. FUNERAL DIRECTOR <u>H. S. Bailey</u>		ADDRESS <u>Barlington, Md.</u>	

112-11243353

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



Items 15 and 24: Statement of brother-William Lambert in person 2/15/51 dm.

Evidence for change in #9 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 181

1. PLACE OF DEATH COUNTY <u>Harford</u> MARYLAND CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Aberdeen Rural</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS _____		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY _____ CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Baltimore</u> STREET ADDRESS (If rural, give location) <u>unknown</u>	
3. NAME OF DECEASED (First) (Middle) (Last) <u>Larry Edward Lambert</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 1 1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>single</u>	8. DATE OF BIRTH <u>Feb 16 - 1925</u>
9. AGE last birthday <u>25</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer, Student</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Larry Lambert</u>		14. MOTHER'S MAIDEN NAME <u>Bessie Jeffers</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>II</u>	
17. INFORMANT <u>Larry Lambert</u>		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause <u>Compound Fracture Skull</u>		<u>none</u>	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>825.5</u> <u>170c</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING <input type="checkbox"/> PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY <u>Sp. route 40</u>		(CITY OR TOWN) (COUNTY) (STATE) <u>Aberdeen</u> <u>Harford</u> <u>MD</u>	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>Feb 1, 1951</u> <u>1230</u> p.m.		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	
HOW DID INJURY OCCUR? <u>A nto accident</u>			
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE <u>Donald C Palmer MD</u>		DATE SIGNED <u>Feb 21/51</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>Feb 5th 1951</u>	
NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>		LOCATION (City, town, or county) (State) <u>Oakland, Garrett Co. MD</u>	
24. FUNERAL DIRECTOR <u>Henry Tarrington</u>		ADDRESS <u>Sou 509 9888</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 2 - 1951</u>		REGISTRAR'S SIGNATURE <u>Hellie Z. Riley</u>	

and Emory Bolden Aberdeen MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

Reg. Dist. No.

1583

1. PLACE OF DEATH COUNTY <u>Harford County</u> MARYLAND				2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MD</u> COUNTY			
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Harve De Haven</u> TOWN <u>D.O.A</u>				CITY (If outside corporate limits, write RURAL and give nearest town) <u>Balto</u> TOWN			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Harve De Haven Hosp</u>				STREET ADDRESS (If rural, give location) <u>2688 St Benedict St</u>			
3. NAME OF DECEASED (Type or Print) <u>Joseph Rice</u> (First) <u>Luttrell</u> (Middle) (Last)				4. DATE OF DEATH (Month) <u>February</u> (Day) <u>1</u> (Year) <u>1951</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>AUG 15, 1924</u>	9. AGE last birthday <u>26</u> yrs.	If under 1 year Months	If under 24 hrs. Days	If under 24 hrs. Mln.
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) <u>Student</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>University of Md</u>			
11. BIRTHPLACE (State or foreign country) <u>Balto, Md</u>				12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME <u>Joseph Rice Luttrell, Sr.</u>				14. MOTHER'S MAIDEN NAME <u>Mollie Wobbekind</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Wounded in service</u>				16. SOCIAL SECURITY NO. <u>None</u>			
17. INFORMANT <u>Mrs. Jos. R. Luttrell, 2688 St. Benedict St.</u>							
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Fracture skull</u>							<u>none</u>
Antecedent cause(s) (b) <u>825.5</u> Diseases or conditions, if any, giving rise to the above cause <u>1700</u> stating the underlying cause last							
(c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.				PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY <u>U.S. Route 40</u> (CITY OR TOWN) <u>Aberdeen</u> (COUNTY) <u>Harford</u> (STATE) <u>MD</u>			
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>Feb, 1951 12:50 PM</u>				INJURY OCCURRED While at work <input checked="" type="checkbox"/> Not while at work <input type="checkbox"/> HOW DID INJURY OCCUR? <u>A mto accident</u>			
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
SIGNATURE <u>Harold C Palmer MD</u> (Degree or title)				DATE SIGNED <u>2/1/51</u>			
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>				DATE THEREOF <u>Feb. 6/51</u>			
NAME OF CEMETERY OR CREMATORY <u>Western Cemetery, Edmondson Ave. & Longwood St.</u>				LOCATION (City, town, or county) <u>Balto, Md</u> (State)			
DATE REC'D BY LOCAL REG. <u>2/5/51</u>				24. FUNERAL DIRECTOR <u>Harry A. Witzke, 4101 Edmondson Ave</u>			

JT

290888 Am

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1584 185

1. PLACE OF DEATH: COUNTY <u>HARFORD</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>MARYLAND</u> COUNTY <u>HARFORD</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>HAVER DE GRACE</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>RURAL - HAVER DE GRACE</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>HARFORD MEMORIAL HOSP.</u>		STREET ADDRESS <u>RD #1</u>	
3. NAME OF DECEASED (Type or Print) <u>ADDIE</u> (First) (Middle) (Last) <u>MILLER</u>		4. DATE OF DEATH <u>FEBRUARY 26</u> 19 <u>51</u> (Month) (Day) (Year)	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCTOBER 18, 1874</u> 76 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	
11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>William Kennedy</u>		14. MOTHER'S MAIDEN NAME <u>MARY Knight</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>ms</u>	
17. INFORMANT AND ADDRESS <u>Robert Miller</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
153x Immediate cause (a) <u>Exhaustion - debility</u>		8 mos
46e Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) <u>Carcinoma Colon</u>		
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <u>2-14-51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinomatous Intestines</u>	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-14, 1950, to 2-26, 1951, that I last saw the deceased alive on 2-23, 1951 and that death occurred at 6:30 A. m., from the causes and on the date stated above.

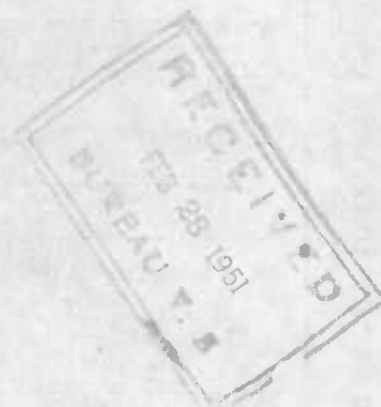
SIGNATURE C. L. Lewis MD (Degree or title) ADDRESS Harford Co Md DATE SIGNED 2-27-51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>Feb. 28, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Rock Run Cem</u>	LOCATION (City, town, or county) <u>Harford Co, Md</u> (State)
DATE REC'D BY LOCAL REG <u>FEB. 27, 1951</u>	REGISTRAR'S SIGNATURE <u>C. L. Lewis MD</u>	24. FUNERAL DIRECTOR <u>H. S. Bailey</u>	ADDRESS <u>Wilmington, Md.</u>

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1585 181

1. PLACE OF DEATH- COUNTY <u>Harford</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Md.</u> COUNTY <u>Harford</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Harford Grace</u> LENGTH OF STAY (in this place) <u>Life</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Harford Grace</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>Thomas</u> (Middle) <u>Dix</u> (Last) <u>Miller</u>		4. DATE OF DEATH (Month) <u>Feb.</u> (Day) <u>13</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 6, 1860</u>
9. AGE last birthday <u>90</u> yrs.		10. If under 1 year Months Days Hours Min.	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>Thomas Miller</u>		14. MOTHER'S MAIDEN NAME <u>Rebecca McKindless</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY No.	
(If year, give war or dates of service)		17. INFORMANT AND ADDRESS <u>Mrs. N. Grace Miller</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) <u>Cardiac Insufficiency</u>			
Antecedent cause(s) (b) <u>Chronic</u> <u>Cardiovascular disease</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)			
SUICIDE HOMICIDE			
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED (While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>)		HOW DID INJURY OCCUR?	
OF INJURY			
22. I hereby certify that I attended the deceased from <u>3/8</u> , 19 <u>49</u> to <u>2-13</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2-12</u> , 19 <u>51</u> , and that death occurred at <u>1</u> a.m., from the causes and on the date stated above.			
SIGNATURE <u>Asst. Surgeon Md.</u> (Degree or title)		ADDRESS <u>Harford Grace Md.</u> DATE SIGNED <u>2/13/51</u>	
23. BURIAL, CREMATION (Specify) DATE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)			
<u>Burial</u> <u>Feb. 15, 1951</u> <u>Wesleyan Chapel</u> <u>Harford Co.</u> <u>Md.</u>			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR ADDRESS	
<u>Feb. 14, 51</u> <u>Byrd B. Wright</u> <u>Deputy Registrar</u>		<u>R. Madison Mitchell</u> <u>Harford Grace</u>	

290115 Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

PAID
FEB 28 1951
A. V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1586

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY <u>Hartford</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Md</u> COUNTY <u>Hartford</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Kalma</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Joppa Md</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Walter's Nursing Home</u>		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>William</u> (Middle) <u>Johnston</u> (Last) <u>Muller</u>	4. DATE OF DEATH (Month) <u>Feb.</u> (Day) <u>25</u> (Year) <u>1951</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>May 24/1867</u>
9. AGE last birthday <u>83</u> yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer owned Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Joppa Md</u>
12. CITIZEN OF WHAT COUNTRY? <u>US</u>	13. FATHER'S NAME <u>Wm J Miller</u>		14. MOTHER'S MAIDEN NAME <u>Emily Spicer</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY No.	17. INFORMANT <u>Mrs Walter Putnam Bel Air Md</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u>
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 Immediate cause (a) <u>Coronary thrombosis</u>		
Antecedent cause(s) 94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) <u>Gen. Arteriosclerosis; Coronary sclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 24, 1951, to Feb 25, 1951, that I last saw the deceased alive on Feb 25, 1951, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

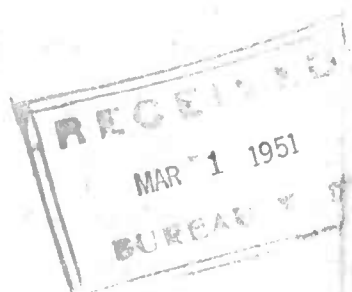
Willard R Hudson M.D. Forest Hill, Md 2/26/51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>Feb 27/51</u>	NAME OF CEMETERY OR CREMATORY <u>Mountain Christian</u>	LOCATION (City, town, or county) (State) <u>Wilna Hartford Co Md</u>
DATE REC'D BY LOCAL REG. <u>2/26/51</u>	REGISTRAR'S SIGNATURE <u>Priscilla Fourwood</u>	24. FUNERAL DIRECTOR <u>Joseph J Foster Bel Air Md</u>	ADDRESS

290116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



Evidence for change
in #9 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1587

1. PLACE OF DEATH COUNTY <u>Harford</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>md</u> COUNTY <u>Baltimore</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>near Bel Air</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Bell</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Harford Nursery Home</u>		STREET ADDRESS (If rural, give location) <u>1316 John St.</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>J.</u> (Middle) <u>MORRIS</u> (Last) <u>MORRISON</u>	DATE OF DEATH	(Month) <u>Feb</u> (Day) <u>27</u> (Year) <u>1951</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>5-26-1867</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	9. AGE last birthday <u>83</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Henry Morrison</u>		14. MOTHER'S MAIDEN NAME <u>Laura Jessop</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If year, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY No. <u>no</u>	
17. INFORMANT <u>Wm. Morrison (son)</u>		1216 John <u>Baltimore</u>	

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>LOBAR PNEUMONIA</u>			<u>40 hr.</u>
Antecedent cause(s) (b) <u>Chr. Cardio-Vascular Disease</u>			<u>></u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Sarcomatous ulcers - left leg</u>			<u>></u>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Feb 25, 1951, to Feb 27, 1951, that I last saw the deceased alive on Feb 27, 1951, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
<u>Wheeler P. Hudson M.D.</u>	<u>Forest Hill</u>	<u>md</u>	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>3-1-51</u>	<u>Lorraine</u>	<u>Goodtown</u>	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<u>Feb 28-51</u>	<u>A W Redick</u>	<u>Wheeler P. Hudson</u>	<u>Baltimore</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1588

1. PLACE OF DEATH COUNTY <u>Harford</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Harford</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Bel Air Rural</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Bel Air Rural</u>	
TOWN <u>Bel Air Rural</u>		TOWN <u>Bel Air Rural</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) <u>Hannah</u> (Middle) <u>Harlan</u> (Last) <u>Reynolds</u>		4. DATE OF DEATH (Month) <u>Feb</u> (Day) <u>17</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 21, 1858</u> yrs. <u>92</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>	11. BIRTHPLACE (State or foreign country) <u>Baltimore City</u>
13. FATHER'S NAME <u>Reuben Harlan</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Schaeffer</u>	
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u> DECEASED'S NAME AND ADDRESS <u>Mrs. Wm. L. Reynolds</u>	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Cerebral thrombosis</u>			<u>3 wks</u>
Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last			
(c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT (Specify) <u>SUICIDE</u>		PLACE (Home, farm, factory, street, OF office bldg., etc.)	
HOMICIDE		INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan 30</u> , 19 <u>51</u> , to <u>Feb 17</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Feb 17</u> , 19 <u>51</u> , and that death occurred at <u>8 P</u> m., from the causes and on the date stated above.			
SIGNATURE <u>J. F. Magraw</u>		ADDRESS <u>M. J. Perryville Md.</u>	
DATE SIGNED <u>2/18/51</u>			
23. BURIAL, CREMATION (Specify) <u>Burial</u> DATE THEREOF <u>Feb 19, 1951</u>		NAME OF CEMETERY OR CREMATORY <u>Trinity Cem</u>	
LOCATION (City, town, or county) <u>Harford Co</u>		(State) <u>Md.</u>	
DATE REC'D BY LOCAL REG. <u>2/18/51</u>		24. FUNERAL DIRECTOR <u>H. S. Baileys</u>	
REGISTRAR'S SIGNATURE <u>Priscilla Louwood</u>		ADDRESS <u>Baltimore Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1589 182

1. PLACE OF DEATH- COUNTY <u>Hartford</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Md</u> COUNTY <u>Hartford</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Belt Air</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Belt Air, Md</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) <u>Eliza</u> (Middle) <u>Virginia</u> (Last) <u>RIDER</u>		(Month) <u>Feb</u> (Day) <u>15</u> (Year) <u>1957</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>M</u>	8. DATE OF BIRTH <u>Dec 31-1871</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>79</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>Streett Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13. FATHER'S NAME <u>Benj. Amoss</u>		14. MOTHER'S MAIDEN NAME <u>Susan Robinson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>Kathryn Dick</u>		<u>2626 N. Charles St</u> <u>Baltimore, Md</u>	

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
4500 Immediate cause (a) <u>Periculous Anemia</u>			<u>8 yrs</u>
Antecedent cause(s)			
73a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) <u>Generalized Arteriosclerosis</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)	
SUICIDE		INJURY	
HOMICIDE			
TIME (Month) (Day) (Year) (Hour)		INJURY OCCURRED	
OF		While at Not While	
INJURY		Work <input type="checkbox"/> At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from May, 1945, to Feb 15, 1957, that I last saw the deceased alive on Feb 7, 1957, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)		DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>		<u>Feb 17/51</u>	<u>Deer Creek</u>	<u>Christ Nat Hill</u>	<u>Hartford Md</u>
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR ADDRESS	
<u>2/16/51</u>		<u>Priscilla Lowwood</u>		<u>Joseph L. Foster</u> <u>Belt Air, Md</u>	

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1590 185

1. PLACE OF DEATH COUNTY <u>Harford</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Harford</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Harre de Grace</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Harre de Grace</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>730 Otsego Street</u>		STREET ADDRESS (If rural, give location) <u>730 Otsego Street</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Joah</u> (Middle) <u>Ridgley</u> (Last) <u>Ridgley</u>	4. DATE OF DEATH (Month) <u>2</u> (Day) <u>24</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 15 1879</u>
9. AGE last birthday <u>71</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>Harford County, Md.</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Charles Ridgley</u>		14. MOTHER'S MAIDEN NAME <u>Harriett</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Julia Ridgley 730 Otsego St. Harre de Grace, Md.</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
4201 Immediate cause (a) <u>Congestive Heart Failure</u>		<u>6 mos.</u>
94a Antecedent cause(s) (b) <u>Malignant Hypertension</u>		<u>?</u>
<u>Arteriosclerosis associated with coronary sclerosis</u> (c)		<u>5 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/2, 1950, to 2/24, 1951, that I last saw the deceased alive on 2/23, 1951, and that death occurred at 11:35 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>2/28/51</u>	<u>Greenspring Cemetery</u>	<u>Greenspring</u>	<u>Md.</u>
DATE REC'D BY LOCAL	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>FEB. 28 1951</u>	<u>A.L. Lewis M.D.</u>	<u>Elmer E. Bullock</u>	<u>Harre de Grace Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 1 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1591 180

1. PLACE OF DEATH- COUNTY <u>Harford</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>MD</u> COUNTY <u>Harford</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Edgewood, MD</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>12 Oak St. Edgewood, MD</u>		STREET ADDRESS (If rural, give location) <u>12 Oak St</u>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) (Middle) (Last) <u>JAMES MORGAN ROLLINS</u>		(Month) (Day) (Year) <u>Feb 6 1951</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 25, 1878</u>
9. AGE last birthday <u>72 yrs.</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Pa. RR</u>	
11. BIRTHPLACE (State or foreign country) <u>Harford Co</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>James H. Rollins</u>		14. MOTHER'S MAIDEN NAME <u>Ellen League</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Mrs. James M. Rollins 12 Oak St. Edgewood, MD</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Coronary Thrombosis

Antecedent cause(s)

(b) Coronary Sclerosis; ch myocardial Disease

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

20. AUTOPSY?

Yes ☐ No ☒22. I hereby certify that I attended the deceased from Aug, 1950, to Feb 6, 1951, that I last saw the deceasedalive on Dec 31, 1950, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Wesland P. Hudson, M.D. Forest Hill Md 2/6/51

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Feb 10 1951 Mrs M Mornaldale Larsen Funeral Home 7401 Belair Rd Balt Co

365506

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1592

Reg. Dist. No. 185

1. PLACE OF DEATH- COUNTY <u>Harford</u> <u>Maryland</u> <u>MARYLAND</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Harford</u> OR <u>Harford</u> TOWN <u>Havre de Grace</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Harford</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Harford</u> OR <u>Harford</u> TOWN <u>Havre de Grace</u> STREET ADDRESS (If rural, give location) <u>565 Congress</u>	
3. NAME OF DECEASED (Type or Print) <u>Lillian May Rollins</u> (First) (Middle) (Last)		4. DATE OF DEATH <u>2/25/51</u> (Month) (Day) (Year)	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1/19/1878</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>73</u> yrs. <u>1</u> month <u>5</u> days
11. BIRTHPLACE (State or foreign country) <u>Philadelphia, Pa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John Henry Carroll</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Rembold</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If year, give war or dates of service)		16. SOCIAL SECURITY No. <u>no</u>	
17. INFORMANT AND ADDRESS <u>J. Edward Rollins, Havre de Grace, Md.</u>			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
443x Immediate cause (a) <u>Cerebral Hemorrhage</u>			<u>2 days</u>
93d Antecedent cause(s) (b) <u>Cardio Vascular Disease</u>			<u>1 yr</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Hypertension</u>			<u>8 yrs.</u>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>m.</u>	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June, 1948, to Feb 25, 1951, that I last saw the deceased alive on Feb 25, 1951, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	DATE <u>2/28/51</u>	NAME OF CEMETERY OR CREMATORY <u>Cokesbury</u>	LOCATION (City, town, or county) (State) <u>Abington, Md.</u>
DATE REC'D BY LOCAL REG. <u>FEB. 27, 1951</u>	REGISTRAR'S SIGNATURE <u>A. L. Lewis M.D.</u>	24. FUNERAL DIRECTOR <u>Pennington & Son</u>	ADDRESS <u>Havre de Grace, Md.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

1593

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH COUNTY <u>Harford</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Harford</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Harlington</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Harlington</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <u>Rural</u>	

3. NAME OF DECEASED (Type or Print) <u>Bryan Busherry Rumsey</u>			4. DATE OF DEATH (Month) <u>Feb</u> (Day) <u>13</u> (Year) <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Celores</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Jan. 13/1951</u>	9. AGE last birthday <u>6</u> yrs.	10. CITIZENSHIP OF WHAT COUNTRY <u>U.S.A.</u>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>			12. BIRTHPLACE (State or foreign country) <u>Harford Co., Md.</u>		
13. FATHER'S NAME <u>James T. Rumsey</u>			14. MOTHER'S MAIDEN NAME <u>Gene Presberry</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>No</u>		
17. INFORMANT AND ADDRESS <u>Gene Presberry</u>			<u>Harlington, Md.</u>		

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) <u>Intestinal Influenza and Dehydration</u>	<u>4 day</u>
Antecedent cause(s)	(b) <u>Dehydration</u>	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
(c)		

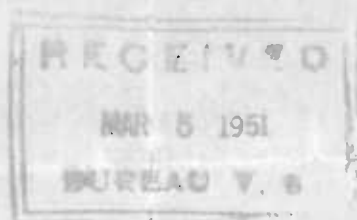
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/10/57, 1957, to 2/13, 1957, that I last saw the deceased alive on 2/13, 1957, and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE <u>Malcolm Dudley Phillips MD</u>		ADDRESS <u>Harlington, Md.</u>		DATE SIGNED <u>2/14/57</u>
23. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>Feb. 15/1957</u>	NAME OF CEMETERY OR CREMATORY <u>Haranna Cem</u>	LOCATION (City, town, or county) <u>Harford Co., Md.</u>	(State) <u>Md.</u>
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE <u>Feb. 14/1957 C. R. Kirk</u>		24. FUNERAL DIRECTOR <u>H. S. Bailey</u>		
REG. NO. <u>20113111404</u>		ADDRESS <u>Harlington, Md.</u>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH- COUNTY <u>Harford</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Harford</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Harlingen Rural</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Harlingen Rural</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>Melvin</u> (Middle) <u>S</u> (Last) <u>Scarborough</u>		4. DATE OF DEATH (Month) <u>Feb</u> (Day) <u>10</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 18, 1873</u> 75 yrs.
10a. USUAL OCCUPATION (Give kind of work done at time most of working life, even if retired) <u>General</u>		11. PLACE OF BIRTH (State or foreign country) <u>Harford Co. Md.</u>	
13. FATHER'S NAME <u>Phillip J. Scarborough</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>		14. MOTHER'S MAIDEN NAME <u>Annie E Scarborough</u>	
16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT AND ADDRESS <u>Mrs. Melvin Scarborough</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) <u>Acute heart failure</u>	<u>48 hrs.</u>
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) <u>Thrombophlebitis</u>	<u>2 wks.</u>
	(c) <u>Benign prostatic hypertrophy</u>	<u>6 mo.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>		
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 22, 1951, to Feb. 10, 1951, that I last saw the deceased alive on Feb. 10, 1951, and that death occurred at 2:40 P.M., from the causes and on the date stated above.

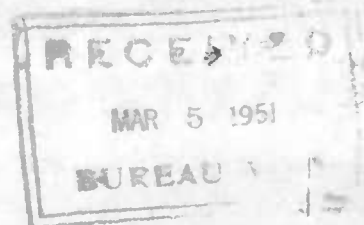
SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>Feb. 13, 1951</u>	<u>Bel-Air Memorial Park</u>	<u>Harford, Md.</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. GENERAL DIRECTOR	ADDRESS
<u>Feb. 10, 1951</u>	<u>C. R. Kirk</u>	<u>H. J. Bailey</u>	<u>Harlingen, Md. 290646</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16



MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1595

Reg. Dist. No. 182

1. PLACE OF DEATH COUNTY <u>Harford</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>md</u> COUNTY <u>Harford</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Joppa. Rural</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Joppa</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>lifelong</u>		STREET ADDRESS (If rural give location) <u>Rural - near Wilma.</u>	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Joseph Alexis Shriver</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 6 1951</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>Apr 3-1872</u>
9. AGE last birthday <u>78</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>US md</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician of Wash DC</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13. FATHER'S NAME <u>John Alexander Shriver</u>		14. MOTHER'S MAIDEN NAME <u>Olivia Brendle</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT <u>George V.B. Shriver</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 Immediate cause
 93d Antecedent cause(s)
 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(a) Arteriosclerotic CV disease

INTERVAL BETWEEN ONSET AND DEATH
-

II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Leuel C Palmer M.D. Deputy Medical Examiner Harford Co. Bd. Hlth md 2/7/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>Feb 8-1951</u>	<u>St Mary's Episcopal</u>	<u>Emmorton md</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<u>2/7/51</u>	<u>Priscilla Townsend</u>	<u>W H Archer</u>	<u>Benson-md</u>

290 UVV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY <u>Harford</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Harford</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Darlington Rural</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Darlington Rural</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) <u>J. La Burchette Smoot</u>		4. DATE OF DEATH (Month) <u>Feb</u> (Day) <u>9</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 28, 1882</u> 58 yrs.
9a. USUAL OCCUPATION (Give kind of work done during most of working life, also if retired) <u>Housewife</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>	
10a. BIRTHPLACE (State or foreign country) <u>Wilkes Co., N. C.</u>		10b. CITIZEN OR WHAT COUNTRY? <u>USA</u>	
11. FATHER'S NAME <u>Columbus M. Burchette</u>		12. MOTHER'S MAIDEN NAME <u>Mollie Carpenter</u>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give year or dates of service) <u>No</u>		14. SOCIAL SECURITY NO. <u>212-22-5046</u>	
15. INFORMANT AND ADDRESS <u>Mr. W. H. Smoot</u>		16. MEDICAL CERTIFICATION <u>Street, Md., Rural</u>	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Retro peritoneal Carcinoma

INTERVAL BETWEEN ONSET AND DEATH
6 mo.

Antecedent cause(s)

(b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan 27, 1951, to Feb 9, 1951, that I last saw the deceased alive on Feb 4, 1951, and that death occurred at 7:10 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Malcolm Studley Phillips MD Darlington Md

2/11/51

23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Feb 12, 1951</u>		<u>Mt. Zion Cem</u>		<u>Harford Co., Md</u>	
DATE REC'D BY LOCAL REG		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>Feb 12, 1951</u>		<u>C. H. Hark</u>		<u>H. S. Bailey</u>		<u>Darlington, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 5 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1597 182

1. PLACE OF DEATH- COUNTY HARFORD MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE MARYLAND COUNTY HARFORD	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN HAVER DE GRACE 48 HRS		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN FALLSTON	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 253 WILSON ST.		STREET ADDRESS (If rural, give location) —	
3. NAME OF DECEASED (Type or Print) BESSIE (First) KEER (Middle) STANDIFORD (Last)		4. DATE OF DEATH FEB 25 1951	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH 2 FEB 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CIVIL SERVICE		10b. KIND OF BUSINESS OR INDUSTRY —	9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) BALTIMORE, MD.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME David Lewis Bennett		14. MOTHER'S MAIDEN NAME Emily Bennett Hoffman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS Mrs Dorothy William Haverde Grace			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
4201 Immediate cause (a)	COCONARY ARTERY OCCLUSION		30 MIN
93d Antecedent cause(s) (b)	HYPER TENSIVE CARDIO-VASCULAR DISEASE		6 YRS
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE NONE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at **1:30 A** m., from the causes and on the date stated above.

SIGNATURE **AB Norman M.D.** ADDRESS **Haverde Grace 2536 St** DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify) Burial	DATE Feb 27/51	NAME OF CEMETERY OR CREMATORY Union Chapel	LOCATION (City, town, or county) (State) Wilna, Harford MD
DATE REC'D BY LOCAL REG. 2/26/51	REGISTRAR'S SIGNATURE Marilla Lowood	24. FUNERAL DIRECTOR Joseph J. Foster	ADDRESS Bellin Md

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VVV916



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1598

1. PLACE OF DEATH - COUNTY <u>Harford</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>Maryland</u> COUNTY <u>Harford</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Aberdeen</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Aberdeen</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <u>5 Swan Street</u>	
3. NAME OF DECEASED (First) <u>Rhoda</u> (Middle) <u>Lo</u> (Last) <u>Walker</u>		4. DATE OF DEATH (Month) <u>Feb.</u> (Day) <u>3rd</u> (Year) <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 10th 1876</u>
9. AGE last birthday <u>74</u> yrs.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Pennsylvania</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>James Hickok</u>	
14. MOTHER'S M maiden name <u>Mary Cathart</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT AND ADDRESS <u>Frank Dittmar - 55 Swan St. Aberdeen</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) UREMIA, DEHYDRATION, ANURIA

INTERVAL BETWEEN ONSET AND DEATH

1 MONTH

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Carcinoma, right breast

3 YEARS

(c) METASTASIS TO LUNGS

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DEC. 1, 1950, to FEB. 3, 1957, that I last saw the deceased

alive on JAN. 23, 1951, and that death occurred at 12:10 P.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG. Feb. 4 - 1951

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Brown McDonalds M.D. Aberdeen Md.
Feb. 6th 1951
Hawley Cemetery Hillsdale Pennsylvania
Henry Tarning End Sons. Aberdeen Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1599

1. PLACE OF DEATH COUNTY <u>Harford</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>md</u> COUNTY <u>Harford</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Fallston</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Fallston</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Estelle</u> (First) <u>Grier</u> (Middle) <u>Ward</u> (Last)		4. DATE OF DEATH <u>Feb</u> (Month) <u>8</u> (Day) <u>1951</u> (Year)	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov 19, 1874</u>
9. AGE last birthday <u>76</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Chesnut Hill Harford md</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>John Grier</u>		14. MOTHER'S MAIDEN NAME <u>Alice Grafton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>Samuel W. Ward</u>	
17. INFORMANT AND ADDRESS <u>Fallston md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) CORONARY THROMBOSIS

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Ch. Hypertensive Cardio-Vascular disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

13da

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 14, 1951, to Feb 8, 1951, that I last saw the deceasedalive on Feb 7, 1951, and that death occurred at 1:20 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Willard P. Hudson, M.D.Forest Hill, Md.2/8/51

23. BURIAL CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG. 2/9/51

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Priscilla FourwoodMartin L. Kurtz, Garretttsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-AJ5



Evidence for change
in 8 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1600

CERTIFICATE OF DEATH

Reg. Dist. No. 182

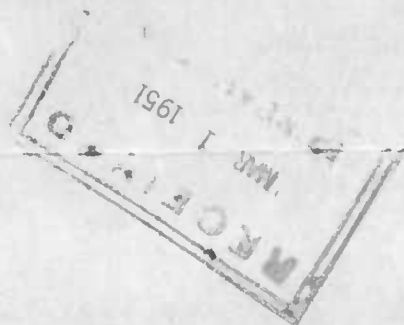
HUM. No. G 151 MAR 27 1951

1. PLACE OF DEATH: COUNTY <u>Harford</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Harford</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Harlington Rural</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Harlington Rural</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Wella</u> (First) <u>W</u> (Middle) <u>Webster</u> (Last)		4. DATE OF DEATH <u>Feb. 19</u> (Month) (Day) (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>W</u>	8. DATE OF BIRTH <u>Apr 6, 1865</u> 65 yrs.
9. AGE last birthday <u>65</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>Harford Co Md</u>	
11. BIRTHPLACE (State or foreign country) <u>Harford Co Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Wm. Smith</u>		14. MOTHER'S MAIDEN NAME <u>Rachel Corn</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT AND ADDRESS <u>Mr. Edward Darsen</u>		18. MEDICAL CERTIFICATION <u>Harlington, Md.</u>	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause		(a) <u>Congestive Heart Failure</u>	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(b) <u>Luetic Cardiovascular Disease</u>	
		(c) <u>Aortic Insufficiency</u>	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>45</u> , to <u>Feb</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Jan 31</u> , 19 <u>51</u> , and that death occurred at <u>5 P.</u> m., from the causes and on the date stated above.			
SIGNATURE <u>Malcolm Dudley Phillips Md</u>		DATE SIGNED <u>2/22/51</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>Feb. 24, 1951</u>	
NAME OF CEMETERY OR CREMATORY <u>Haranna Cem</u>		LOCATION (City, town, or county) (State) <u>Harford Co., Md.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 22, 1951</u>		REGISTRAR'S SIGNATURE <u>C. H. Kirk</u>	
24. FUNERAL DIRECTOR <u>H. D. Bailey</u>		ADDRESS <u>Harlington, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

1601

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

1. PLACE OF DEATH- COUNTY <u>Hampden</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Penn.</u> COUNTY <u>York</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Whiteford, Penn.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Delta, R. D.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print) <u>William Wiloy</u>		4. DATE OF DEATH (Month) <u>Feb.</u> (Day) <u>24</u> (Year) <u>1957</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Oct. 15, 1926</u> 24 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>General Mill worker</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Lancaster, Pa.</u>
13. FATHER'S NAME <u>George Wiloy</u>		14. MOTHER'S MAIDEN NAME <u>Ester Taggart</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>World War II</u>		16. SOCIAL SECURITY NO. <u>197-20-0857</u>	
17. INFORMANT <u>Catherine Wiloy Rhinier</u>		18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(a) Immediate cause <u>Laceration neck, severing jugular vein</u>		<u>none</u>	
(b) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>Fracture mandible</u>		<u>none</u>	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>Feb 24 1951 4A</u>		PLACE (Home, farm, factory, street, OF office bldg. etc.) INJURY <u>Route 136</u> HOW DID INJURY OCCUR? <u>Auto accident auto - auto type</u>	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
SIGNATURE <u>David C. Palmer</u> Deputy Medical Examiner <u>Hampden Co. Baltin Md.</u>		DATE SIGNED <u>2/24/51</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>Feb. 27, 1951</u>	
NAME OF CEMETERY OR CREMATORY <u>St. Peter's cemetery</u>		LOCATION (City, town, or county) (State) <u>Delta, R. D. Pa.</u>	
DATE REC'D BY LOCAL REG. <u>2/25/51</u>		24. FUNERAL DIRECTOR <u>Hubert T. Harkins - Delta, Pa.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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BUREAU